



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

05/09/94

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->	NYD986903177
FACILITY NAME ->	BLOOM LEON R ESTATE OF
MAILING ADDRESS ->	2480 PRESIDENTIAL WAY STE 803 WEST PALM BEACH, FL 33401
INSTALLATION ADDRESS ->	70 W CEDAR ST POUGHKEEPSIE, NY 12603

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: BLOOM, RHODA
EXECUTRIX
BLOOM LEON R ESTATE OF
2480 PRESIDENTIAL WAY STE 803
WEST PALM BEACH, FL 33401

Ms. Rhoda S. Bloom
Suite 803
2480 Presidential Way
West Palm Beach, Florida 33401

US EPA - Region II
Permits Administration Branch
Room 505
26 Federal Plaza
New York, NY 10278

April 15, 1994

Re: Enclosed Notification of Regulated Waste Activity

SENT VIA: UPS NEXT DAY

To Whom it May Concern:

Enclosed you will find your completed form 8700-12 along with a copy of a letter sent to the New York State Department of Environmental Conservation in New Paltz, NY.

This notice is being sent for the following reasons:

Hamilton Reproductions used to operate a printing business in the property at 70 West Cedar Street, Poughkeepsie, NY. My husband owned this property and has since passed away. As Executrix for his estate I am trying to complete a sale of this property. Hamilton Reproductions left behind some chemicals that I am now trying to have properly disposed through Northeast Environmental Services, Inc. in Canastota, NY.

The removal of these chemicals is the only issue holding up the real estate transaction and when the chemicals are removed it will be the only shipment of chemicals the estate will perform, as there are no activities ongoing at this property.

I would appreciate any assistance you can provide in assigning the identification number required to allow Northeast Environmental Services, Inc. to complete this chemical removal. Additionally I would appreciate you contacting Mr. Steven D. Cross, Executive Vice-President of Northeast Environmental Services at (315) 697-3979 if you have any questions, as he is much more knowledgeable than I on these matters.

Mr. Cross will be contacting your office by telephone within two or three days after you receive this package to ascertain if the number has been assigned.

I appreciate your cooperation and assistance in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Ms. Rhoda S. Bloom, Executrix".

Ms. Rhoda S. Bloom
Executrix for the Estate of Leon R. Bloom

cc: Mr. Steven D. Cross, Northeast Env.
NYS DEC, New Paltz, NY

enc: EPA Form 8700-12
Letter to NYS DEC, New Paltz, NY

Ms. Rhoda S. Bloom
Suite 803
2480 Presidential Way
West Palm Beach, Florida 33401

Mr. Bill Buskey
New York State Dept. of Environmental Conservation
21 South Putt Corners Rd.
New Paltz, NY 12561-1696

April 15, 1994

Re: Hamilton Reproductions
70 West Cedar Street
Poughkeepsie, NY
EPA ID#: NYD986903177

SENT VIA: UPS NEXT DAY

Dear Mr. Buskey,

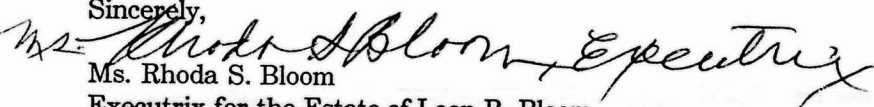
As you are aware the above referenced company is out of business. The owner of the property Mr. Leon Bloom passed away and the estate is now trying to remove the chemicals that were left behind by the former operator of the property, so that a sale of the property can be completed. I have contracted with Northeast Environmental Services, Inc. of Canastota, NY to perform this removal operation. My contact at Northeast Environmental Services is Mr. Steven D. Cross, Executive Vice-President (315) 697-3979.

It is my understanding, through the phone conversations Mr. Cross had with the US EPA, that in order to have a new EPA ID number issued for the site that NYS DEC must "deregister" the original number. Enclosed with this letter is a copy of the documents forwarded to the US EPA office in New York City to have the site registered to the estate.

Would you please perform whatever actions are needed to assist me in having the new EPA ID number issued so that Northeast Environmental Services can continue their efforts and remove the chemicals from the property. Please contact Mr. Cross if you have any questions, as he is more familiar than I with these procedures and protocols.

Thank you for your assistance in this matter.

Sincerely,


Ms. Rhoda S. Bloom
Executrix for the Estate of Leon R. Bloom

cc: Mr. Steven Cross, Northeast Env.
US EPA, New York, NY

enc. EPA Notification form
Letter to US EPA

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification
(complete Item C)

C. Installation's EPA ID Number

NYD986903177

II. Name of Installation (Include company and specific site name)

ESTATE OF LEON R BLOOM

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

70 WEST CEDAR STREET

Street (continued)

City or Town

State

ZIP Code

POUGHKEEPSIE

NY

12603 -

County Code

County Name

DUTCHESS

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SUITE 803, 2480 PRESIDENTIAL WAY

City or Town

State

ZIP Code

WEST PALM BEACH

FL

33401 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

BLOOM

RHODA

Job Title

Phone Number (area code and number)

EXECUTRIK

407-683-0848

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

☐
☒

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

ESTATE OF LEON R. BLOOM

Street, P.O. Box, or Route Number

SUITE 803, 2480 PRESIDENTIAL WAY

City or Town

State

ZIP Code

WEST PALM BEACH

FL

33401 -

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner
Indicator

(Date Changed)
Month Day Year

407-683-0848

☐
☐

Yes

☒

No

☐
☐
☐
☐
☐
☐
☐

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See instructions)
☒ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes
- Mode of Transportation
☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify _____
3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace
1. Smelter Deferral
2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner - indicate device(s) - Type of Combustion Device
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)
2. Corrosive (D002)
3. Reactive (D003)
4. Toxicity Characteristic (D000)

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

☒ ☒ ☐ ☒ D0007 D039

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 U 2 2 6	2 U 2 1 0	3 U 2 2 0	4 U 0 4 5	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6
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X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (type or print)

RHONDA BLOOM - EXECUTRIX

Date Signed

4-19-94

XI. Comments

SEE ATTACHED LETTER

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY**

07/16/90

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->

NYD986903177

FACILITY NAME ->

HAMILTON REPRODUCTIONS

MAILING ADDRESS ->

70 W CEDAR ST
POUGHKEEPSIE, NY 12601

INSTALLATION ADDRESS ->

70 W CEDAR ST
POUGHKEEPSIE, NY 12601

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: LOVELACE RICHARD
HAMILTON REPRODUCTIONS
70 W CEDAR ST
POUGHKEEPSIE, NY 12601

This Notification ☐ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

X in the appropriate box to indicate whether this is your installation's first notification, or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

First or Subsequent Notification

A. Air ☐ B. Rail ☐ C. Highway ☒ D. Water ☐ E. Other (specify)

Mode of Transportation (Transporters only - enter "X" in the appropriate box)

☐ A. Motor Vehicle ☐ B. Industrial Boiler ☐ C. Other (specify)

Waste Fuel Burning: Type of Combustion Device (enter "X" in all appropriate boxes to indicate type of combustion device) to burn hazardous waste fuel or oil-specification used oil fuel is burned. See instructions for definition of combustion device.

- ☐ 1. Generator
- ☐ 2. Transporter
- ☐ 3. Transfer/Storage/Disposal
- ☐ 4. Underground Injection
- ☐ 5. Surface or Burn Hazardous Waste Fuel (enter "X" and mark appropriate boxes below)
- ☐ a. Generator - according to burner
- ☐ b. Other Method
- ☐ c. Burner

☒ 1b. Less than 1,000 kg/mo

- ☐ a. Off-Specification Used Oil Fuel (enter "X" and mark appropriate boxes below)
- ☐ b. Generator Methodology to Burner
- ☐ c. Other Method
- ☐ d. Burner
- ☐ 7. Specification Used Oil Fuel Method (or On the burner) Who First Claims the Oil Meets the Specification

E. Used Oil Fuel Activities

Type of Regulated Waste Activity (Mark "X" in the appropriate boxes. Refer to instructions.)

W I L I A M E R O G Corporation

A. Name of Installation's Legal Owner

Ownership

R I C H A R D L O V E L A C E 9 1 4 4 7 3 1 1 0

Name and Title (last, first, and job title)

Phone Number (area code and number)

V. Installation Contact

City or Town State ZIP Code Street or Route Number

III. Location of Installation

City or Town State ZIP Code Street or R.O. Box

II. Installation Mailing Address

City or Town State ZIP Code Street or R.O. Box

I. Name of Installation

NY 0986903177 900613 HAMILTON REFUELING CO INC

Installation's EPA ID Number

Approved

Date Received

For Mail Use Only

90 JUN 13 PM 12:42

Henry M. Smith
Name and Official Title (Type or print)
President

William R. Gregg
Name and Official Title (Type or print)
President

Date Signed
6/12/90

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

1. Certification

☒ 1. Ignitable (10001)

☐ 2. Corrosive (10002)

☐ 3. Reactive (10003)

☐ 4. Toxic (10004)

Characterization of Nonhazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonhazardous wastes your installation handles. (See 40 CFR Part 261.21 - 261.26)

48	49	50	51	52	53	54

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospital, veterinary necropsy, or medical and research laboratories your installation handles. Use additional sheets if necessary.

31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6	7	8	9	10	11	12

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

X. Description of Hazardous Wastes (continued from front)

W-1	W-2	W-3	W-4	W-5	W-6	W-7	W-8	W-9	W-10	W-11	W-12	W-13	W-14	W-15	W-16	W-17	W-18	W-19	W-20
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